

Non-Invasive Assessment of Fitness Levels of Geriatric Patients



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Short Communication

How fit am I, doctor? This question from elderly would sound familiar to most of the geriatricians around the world. It will be difficult predicting, but certain tests would let us make a wise calculated guess. The way one walks in, finds his or her way, steady or unsteady gait, use of appliances and/or accessories, the way he / she takes a seat, shakes hand, turn around, get on and then getting down from the examination couch, As Geriatricians we need to be vigilant and look out for the transition, which could be gradual but may also be rapid at times, and also screen and manage risk factors with the ultimate aim of helping our patients in aging gracefully. This will require a geriatrician to be more meticulous and alert right from the point when an elderly patient walks in or is brought in for consultation. Observations obviously have to be meticulous and thorough, with some structuring that will help in reaching out for a detailed of history and clinical examination, without missing out on any of the essentials. Regular individualized and structured reviews and follow-ups will be equally important. The fitness levels and morbidities will be quite diverse, and perhaps not as straight as are met in other age groups. Besides frailty and senility, there can be many other factors which might play up for which we need to be alert, like underreporting of illness, impairment of homeostasis, vulnerability to various stresses, etc.

Over-diagnosis and overtreatment should be prevented. Plus, unnecessary and inadvertent alarms should be done away with. Maybe to begin with, subjective health rating could be a good start. Observing vital parameters, calculating BMI (body mass index), waist circumference, hip circumference, chest inflation, are some essentials. Coming to assessing fitness levels, there are already many established methods and modalities. Many different tests are available [1-3]. Checking for balance, coordination, reaction time, muscular strength, muscular endurance, flexibility, and cardio-respiratory endurance in elderly people would be necessary. Box and Block Test, Response Time Test, walking speed, grip strength, 30-s chair stand, 10-m Incremental Shuttle Walking Test and the Extended Modified

Back-Saver Sit-and-Reach Test, are just a few examples of the tests which are in vogue. Berg Balance Scale (BBS) could be a useful way of assessing balance, and predicting falls.

Assessing & recording fitness levels should become a routine, and can be undertaken by simple non-invasive tests, that can be done within reasonable time, and can be reliable, reproducible, and safe. Figure 1 appended below depicts some tests which can be performed within 15 minutes to half an hour, with minimal stress. Keeping a record and updating it every three to six months would certainly be of much help, with the tests written in bigger font size being more important. Grading of all these tests would be required by the medical fraternity.

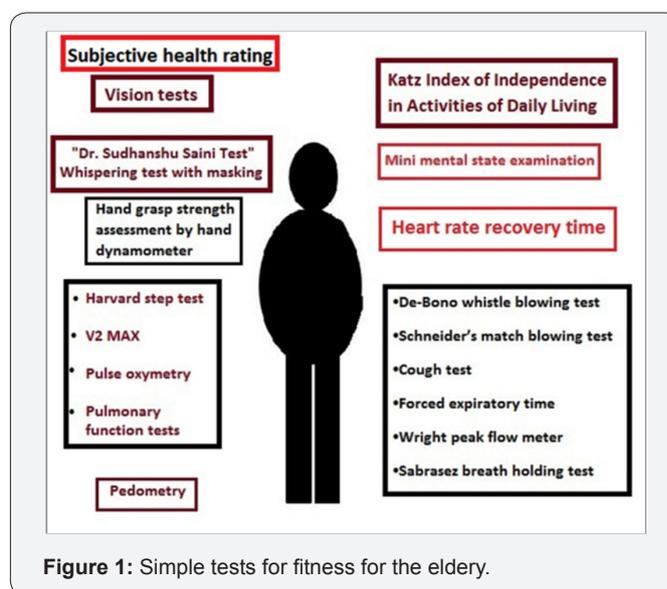


Figure 1: Simple tests for fitness for the elderly.

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